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Bib Data Sheet

|                             |  |              |                         |  |
|-----------------------------|--|--------------|-------------------------|--|
| SERIAL NUMBER<br>10/052,788 | FILING OR 371(c)<br>DATE<br>11/08/2001<br>RULE | CLASS<br>435 | GROUP ART. UNIT<br>1641 | ATTORNEY DOCKET NO.<br>02307O-121000US |
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**\*\* CONTINUING DATA** *[Signature]*

**\*\* FOREIGN APPLICATIONS** *[Signature]*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/19/2002

**\*\* SMALL ENTITY \*\***

|  |  |
|--|--|
| Foreign Priority claimed                     | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |
| 35 USC 119 (a-d) conditions met              | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |
| Verified and Acknowledged <i>[Signature]</i> | Examiner's Signature <i>[Signature]</i> Initials   |
|  | STATE OR COUNTRY<br>CA   |
|  | SHEETS DRAWING<br>1  |
|  | TOTAL CLAIMS<br>47   |
|  | INDEPENDENT CLAIMS<br>4  |

**ADDRESS**

20350

**TITLE**

Epsilon immunoglobulin chain derived peptides for induction of anti-IgE antibodies

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>720 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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